



Registration Form

2006 Governor's Conference on Workforce Development

October 11 – 13, 2006

Last Name _____

First Name _____

Title _____

Organization/Company _____

Business Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____

Fax (____) _____

E-mail _____

Organization Website _____

(As a sponsor there is no charge to link to your company website from the conference website.)

Contact Person (if different than above)

Contact Last Name _____

Contact First Name _____

Contact Address _____

City _____ State _____ Zip _____

Contact Daytime Phone (____) _____

E-mail _____

(All correspondence will be directed to the contact person)

Billing Address (if different than above)

Address _____

City _____ State _____ Zip _____

Methods of Payment

☐ Check enclosed (payable to the University of Missouri)
Federal Tax I.D. #43 600 3859

☐ Bill my organization (attach a copy of Purchase order)
Purchase Order No. _____

☐ Credit Card ☐ MasterCard ☐ Visa ☐ Discover
Expiration Date ____/____

Credit Card No. _____

Card Holder Name (please print) _____

Authorized Signature _____

Address if different than above _____

How to Register

Mail: Governor's Conference on Workforce Development
MU Conference Office, 344 Hearn Center
Columbia, MO 65211

Fax: (573) 882-1953

Phone: (573) 882-4087 or toll-free (866) 682-6663
(credit card payment required)

Fees (full conference registration includes access to all conference events)

☐ Full Conference Registration\$200 \$ _____

☐ Full Conference Registration\$250 \$ _____

(postmarked after September 12)

☐ Onsite Full Conference Registration\$300 \$ _____

☐ One Day Registration\$150 \$ _____

☐ October 11 ☐ October 12 ☐ October 13

☐ Spouse/Guest Fee

Name _____

☐ Thursday luncheon\$25 \$ _____

☐ Thursday dinner.....\$45 \$ _____

Advertising

☐ Full page\$500 \$ _____

☐ Half page\$300 \$ _____

☐ Quarter page\$175 \$ _____

☐ Promotional Materials\$100 \$ _____

(inserted in the conference bag)

Exhibitor/Sponsor

☐ Exhibitor.....\$300 \$ _____

(includes 1 complimentary registration)

Name _____

☐ Additional representativesx \$200 \$ _____

Name(s) _____

Sponsor

Platinum.....\$5000 \$ _____

Gold.....\$3000 \$ _____

Silver.....\$1500 \$ _____

Bronze.....\$500 \$ _____

Representative(s) attending (see sponsor level
description regarding complimentary registrations):

☐ Additional representatives exceeding sponsorship
level.....x \$200 \$ _____

Name(s) _____

Total Amount Due\$ _____

Exhibitor/Sponsor

*(please provide brief description of services your company
offers for the conference program)*

Office Use Only CEIS #51574

Customer ID# _____ Receipt # _____